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42101 7590 12/14/2004

THOMPSON HINE LLP
2000 COURTHOUSE PLAZA N.E.
10 WEST SECOND STREET
DAYTON, OH 45402-1758

02/15/2005 MBERHE1 00000111 09823751

01 FC:2501	700.00 OP
02 FC:1504	300.00 OP

FEB 14 2005

PATENT & TRADEMARK OFFICE

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Collette Crawford

(Depositor's name)

Collette Crawford

(Signature)

2-11-05

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09823,751	04/03/2001	E. Jennings Taylor	28850-15CP2	9120

TITLE OF INVENTION: PULSE REVERSE ELECTRODEPOSITION FOR METALLIZATION AND PLANARIZATION OF SEMICONDUCTOR SUBSTRATES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	03/14/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
LEADER, WILLIAM T	1742	205-103000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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1 Thompson Hine LLP

2 P.O. Box 8801

3 Dayton OH 45401-8801

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Faraday Technology Marketing Group, LLC Troy, Ohio

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

4b. Payment of Fee(s):

- Issue Fee
 Publication Fee (No small entity discount permitted)
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The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 20-0809 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature _____

Date 2-19-05

Typed or printed name

Mark P. Levy

Registration No. 27,922

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